



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 04-008	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY 2004 \$0 b. FFY 2005 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1-C to Attachment 3.1-A, Pages 23 1-2 (P+I)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1-C to Attachment 3.1-A, Pages 23 1-2 (P+I) <i>Washington (04-008)</i> <i>approved: 10/12/04</i> <i>effective: 07/01/04</i>	
10. SUBJECT OF AMENDMENT: Eligibility Criteria for Infant Case Management			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Social and Health Services Attn: Ann Myers Medical Assistance Administration 925 Plum St SE MS: 45533 Olympia, WA 98504-5533	
13. TYPED NAME: DENNIS BRADDOCK			
14. TITLE: Secretary			
15. DATE SUBMITTED: <i>Sept. 26, 2004</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: <i>OCT 12 2004</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>JUL - 1 2004</i>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <i>Karen S. O'Connor</i>		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: <i>Pen + Ink changes authorized by the State Children's Health</i>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTONINFANT CASE MANAGEMENT SERVICES
(formerly Maternity Case Management Services)

A. Target Group:

The Department serves infants who are Medicaid clients and who meet high-risk criteria from three months of age through the month of the infant's first birthday.
A high-risk infant:

1. Meets at least one of the following eligibility criteria:

a. Staff concern for the **parent(s)' ability to care for infant** specifically due to at least one of the following:

- ☐ Incarceration of the mother within the last year
- ☐ Low functioning of the infant's parent(s) (as demonstrated by examples such as: needs repeated instructions; not attuned to infant cues; leaves infant with inappropriate caregivers; parent has the equivalent of less than an 8th grade education)
- ☐ Mental health issue of the parent(s) that is not stabilized (issue treated or untreated)
- ☐ Physical impairment of the infant's parent
- ☐ Infant's mother is experiencing post pregnancy depression or mood disorder OR has a history of depression/mood disorder
- ☐ Inability to access resources due to age: 19 years old or younger
- ☐ Social Isolation (as demonstrated by examples such as: family is new to the community; parent(s) does not have a support system; family moves frequently; lack of supportive living environment)
- ☐ Inability to access resources due to language or cultural barrier (as demonstrated by examples such as: speaks only Mixteco; recently arrived from Guatemala and speaks no English; recently arrived from Mexico and is having difficulty navigating health care system)

-OR-

b. Staff concern for the **safety of infant** specifically due to at least one of the following:

- ☐ Domestic or family violence in present or past relationship which keep the parent feeling unsafe
- ☐ Substance by the infant's mother and/or father that is impacting ability to parent
- ☐ Secondhand smoke exposure to the infant
- ☐ CPS involvement within the last year OR mother/father had parental rights terminated in the past

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Infant Case Management Services (cont.)

- ☐ Unstable living situation (as demonstrated by examples such as: homelessness; couch surfing; unsafe conditions; no cooking facilities, heat or water)

-OR-

- c. Staff concern for **infant health needs** specifically due to at least one of the following:
- ☐ LBW (low birth weight - less than 5.5 pounds)
 - ☐ Premature birth (less than 37 weeks gestation)
 - ☐ Failure to thrive (as demonstrated by examples such as: baby is not gaining weight; significant feeding difficulty; no eye contact; baby is listless)
 - ☐ Multiple birth (twins or more infants)
 - ☐ Excessive fussiness or infant has irregular sleeping patterns (as by examples such as: parent(s)' sleep deprivation, exhaustion and/or need for respite childcare)
 - ☐ Infant has an identified medical problem or disability
2. Infant's parent(s) demonstrates need for a case manager's assistance in accessing medical services or other social and health services.
3. Title XIX targeted case management services may not be duplicated. This is clearly explained in the ICM Billing Instructions and training materials furnished to providers. If the high-risk infant and family are involved in services for another targeted group, ICM is closed and case management for the other targeted group is initiated.
- B. Areas of state in which services will be provided:
- ☒ Entire State
 - ☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide.)
- C. Comparability of services:
- ☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
 - ☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of Section 1902 (a) (10) (B) of the Act.